

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024251

STATE FILE NUMBER

|  |  |   |  |   |  |  |  |
|--|--|---|--|---|--|--|--|
| FILED JUN 23 1958  |  | Registration District No. 324   |  | Primary Registration District No. 6093  |  | Registrar's No. 99   |  |
| 1. PLACE OF DEATH  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)   |  |  |  |
| a. COUNTY Saline   |  |   |  | a. STATE Missouri b. COUNTY Texas   |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall Township                              |  |   |  | c. CITY OR TOWN Cabool  |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State School, Marshall, Missouri |  |   |  | Length of stay in lb 3 yrs.   |  | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print)  |  |   |  | 4. DATE OF DEATH  |  |  |  |
| First Sandra Middle Diane Last Hafner  |  |   |  | Month June Day 21, Year 1958  |  |  |  |
| 5. SEX Female  |  | 6. COLOR OR RACE White  |  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>  |  | 8. DATE OF BIRTH July 19, 1943   |  |
| 9. AGE (In years last birthday) 14 yrs.  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None           |  | 100. KIND OF BUSINESS OR INDUSTRY None  |  | 11. BIRTHPLACE (City and state or country) Mountain Grove, Missouri  |  |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A.  |  | 13. FATHER'S NAME Charles Albert Hafner   |  | 14. MOTHER'S MAIDEN NAME Pauline Jones  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No                      |  |
| 16. SOCIAL SECURITY NO. None   |  | 17. INFORMANT Mo. State School records, Marshall, Mo.   |  | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Massive Cerebral Hemorrhage<br>Due to (b) Intracranial Pressure<br>Due to (c) Congenital Hydrocephalus<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 752X |  | INTERVAL BETWEEN ONSET AND DEATH 6 hrs.<br>2 yrs.<br>15 yrs.   |  |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                   |  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  |  |  |  |
| 20c. TIME OF INJURY Hour a. m. p. m.   |  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |  |
| 21. I attended the deceased from Sept 1955 to June 20, 1958 and last saw her alive on June 20, 1958              |  | 22a. SIGNATURE Cecil M. Torkle M.D.   |  | 22b. ADDRESS Marshall, Missouri   |  | 22c. DATE SIGNED 6-21-58   |  |
| 23a. BURIAL, CREATION, REMOVAL (Specify) Removal   |  | 23b. DATE 6-21-1958   |  | 23c. NAME OF CEMETERY OR CREMATORY Hollcrest cemetery   |  | 23d. LOCATION (City, town, or county) (State) Mountain Grave Missouri  |  |
| 24. FUNERAL DIRECTOR Campbell-Lewis, Marshall Mo.  |  | 25. DATE RECD. BY LOCAL REG. 6-21-58  |  | 26. REGISTRAR'S SIGNATURE Cecil G. Lead   |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

0970  
300  
1-56  
2  
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R.W. Campbell Jr.  
Licensed Embalmer No. 34

P. O. Address Marshall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.